



Arizona Department of Revenue

Collection Information Statement Short Form (EZ)

(If you need additional space, please attach a separate sheet with your name(s) and EIN or social security number(s).)

Your name(s) and address (including county)	Phone number (circle best daytime number)
	Home:
	Your work: Cell phone:
	Taxpayer Identification Number (EIN or SSN)
	EIN:
Your employer or business (name and address)	Your SSN: Spouse's SSN:
	Spouse's employer or business (name and address)
Age and relationship of people who live with you (dependents only)	

Bank Accounts (Include Savings & Loans, Credit Unions, Certificates of Deposit, 401K, Individual Retirement Accounts, Trust Funds, Etc.)

Name of Institution	Address	Type of Account (checking, savings)	Account No.	Balance

Debts (Include Bank Loans, Credit Card Payments, Judgements, Car Loans, Medical, Child Support, Mortgages)

Name	Type	Amount Owed	Monthly Payment	Pay Off Date
Federal Taxes Owed		\$	\$	
Totals		\$	\$	

Assets: (Include Real Property, Vehicles, Stocks, Boats, RV's)

Type of Asset/Address	Value	Loan Balance

INCOME AND EXPENSES

MONTHLY INCOME

		Total
Your net pay (<i>attach two recent pay stubs</i>)	\$ _____	
Your spouse's net pay (<i>attach two recent pay stubs</i>)	_____	
Rents paid to you	_____	
Pensions	_____	
Social security	_____	
Profit from your business (<i>attach statement</i>)	_____	
Commissions	_____	
Other income (<i>source</i>): _____	_____	
Total income		\$ _____

MONTHLY EXPENSES

Rent	\$ _____	
Mortgage	_____	
Alimony/Child Support	_____	
Groceries	_____	
Child Care	_____	\$ _____
Utilities		
Electricity	_____	
Heating oil/natural gas	_____	
Water	_____	
Telephone	_____	\$ _____
Transportation (<i>gas, bus fares</i>)	_____	\$ _____
Medical (<i>doctor & medicine not paid by insurance</i>)	_____	\$ _____
Insurance		
Auto	_____	
Health	_____	
Life	_____	
Homeowners/renters	_____	\$ _____
Total Debt Payment from page 1		\$ _____
Total Monthly Expenses		\$ _____

Have you ever filed bankruptcy? Yes ☐ No ☐

Are you current with State Income Tax Filing? Yes ☐ No ☐

Additional information: _____

Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete.

Your signature	Spouse's signature	Date
_____	_____	_____